

APPENDIX B: HB 2785 WORK PLAN

QI: What is the current role of the Commonwealth in monitoring and improving the quality of care in HMOs?

- A. Define the scope of health care quality that should be subject to oversight by the Commonwealth which can serve as an organizing principle of this study.
- B. Identification of Laws, Regulations and Penalties Addressing Quality of Care in HMOs

Department of Health
Bureau of Insurance
Department of Health Professions
Department of Medical Assistance Services
Federal Laws and Regulations

Objective: *To identify the existing oversight responsibilities among the state agencies in order to determine the extent to which quality assurance and consumer protections exist.*

Tentative Deadline: *Late May 1997*

QII: How adequate are the current quality of care mechanisms, both private and public, for consumers? For providers?

- A. Hold Focus Group meetings for providers, consumers, and HMOs to identify quality concerns.
- B. Survey and summarize the quality assurance plans for all HMOs licensed in Virginia.
- C. Survey and analyze the federal and state laws and regulations for consumer grievance and complaint policies and procedures that affect licensed HMOs and their enrollees in Virginia.
- D. Identify all HMO internal mechanisms for provider grievances and complaints from the surveys of (B) and (C) above, including an analysis of complaints that are “not purely contractual in nature”.
- E. Analyze and summarize the utilization review appeals mandated by Chapter 54 of the

Code of Virginia.

- F. Examine the adequacy of NCQA and other public and private sector standards for ensuring quality.
- G. Review issues related to practitioner licensing in the context of oversight responsibilities for managed care.

Objective: *To assess the existing mechanisms, identify deficiencies, determine the extent to which regulators, purchasers, private sector entities, or the individual consumer are accountable for improving them.*

Tentative Deadline: *Mid to Late June*

QIII: Should all managed care entities be held accountable for quality of care protections similar to those that exist in HMOs?

- A. Identify the various types of risk-bearing entities regulated in the state. (Coordination with BOI study on HJR 611)
- B. Assess the degree to which the following quality components apply to the entities identified above: Use seven consensus quality components (e.g. prevention, etc.)

Objective: *To assess the appropriateness of applying quality of care mechanisms to all managed care plans.*

Tentative Deadline: *Mid to Late July*

QIV: What is the appropriate role of the Commonwealth in monitoring quality and informing consumers?

- A. Identify gaps in existing functions.
- B. Identify areas of overlap and duplication.
- C. Recommend new functions including the provision of appropriate consumer information through current mechanisms such as NCQA accreditation, HEDIS, and VHI.

Objective: *Options*

Tentative Deadline: Late August

Round Tables with Stakeholders:	Early September
Final draft report to the State Health Commissioner	Early to Mid-September
Final Report to the Secretary	Mid to Late September
Final Report to the JCHC & General Assembly	October 1, 1997